

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-014326

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 541

Registrar's No. 732

STATE FILE NUMBER

FILED MAR 18 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) Clayton		c. CITY OR TOWN Berkeley	
Length of stay in 1b 6 days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis County Hosp.		d. STREET ADDRESS (If outside, give location) 9513 Rosemary Ave.	
3. NAME OF DECEASED (Type or print) First HENRY Middle NEWMAN Last NEWMAN		4. DATE OF DEATH Month 3 Day 1 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-15-73
9. AGE (last birthday) 89		10. IF UNDER 1 YEAR Months 0 Days 0	
11. IF UNDER 24 HR Hours 0 Min. 0		12. CITIZEN OF WHAT COUNTRY U. S.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	
11. BIRTHPLACE (City and state or country) Goodwater, Alabama		12. CITIZEN OF WHAT COUNTRY U. S.	
13a. FATHER'S NAME Isom Newman		13b. MOTHER'S MAIDEN NAME Catherine Winfrey	
14. NAME OF HUSBAND OR WIFE Eleanor Newman		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) No	
16. SOCIAL SECURITY NO.		17. INFORMANT Address Mrs. Eva O'Neal, Berkeley, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bilateral Bronchopneumonia			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause, last. DUE TO (b) DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized Arteriosclerosis; Carcinoma Prostate			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour 10:20 a.m. Month, Day, Year 3-1-1963			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
20f. CITY, TOWN, OR LOCATION Ignacio, Colorado.			
21. I attended the deceased from 2-23-1963 to 3-1-1963 and last saw him alive on 3-1-1963 Death occurred at 10:20 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE H.R. Gilcrest (Degree or title)		22b. ADDRESS 11401 So. Brentwood Blvd.	
22c. DATE SIGNED 3-1-63		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE 3-3-63		23c. NAME OF CEMETERY OR CREMATORY Ignacio City Cemetery	
23d. LOCATION (City, town, or county) Ignacio, Colorado.		24. FUNERAL DIRECTOR White-Mullen Mortuary, Ferguson, Mo.	
25. DATE RECD. BY LOCAL REG. 3-2-63		26. REGISTRAR'S SIGNATURE John B. Murphy	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

JUL 19 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

R. K. Lahrman

Licensed Embalmer No. *2385*

P. O. Address *Berkeley, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.